# Caldera Medical, Inc. T-Sling K050516 5



### 510(k) Summary

FEB 3 2006

Date of Summary:

January 19, 2006

Applicant:

Bryon L. Merade, CEO Caldera Medical, Inc.

28632 Roadside Drive, Suite 260

Agoura Hills, CA 91301

Tel: (866) 422-5337 Fax: (818) 879-6556

Contact:

Marla Kengen, Project Leader

Caldera Medical, Inc.

28632 Roadside Drive, Suite 260

Agoura Hills, CA 91301

Tel: (866) 422-5337 Fax: (818) 879-6556

marla@calderamedical.com

Device Name:

Surgical Mesh (878.3300)

Trade Name:

T-Sling

Common Name:

Surgical Mosh

Classification:

Class II

**Predicate Devices:** 

Herniamesh T-Sling – K020652

Tyco Healthcare IVS Tunneller - K010035

Ethicon TVT - K012628

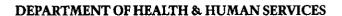
**Device Description:** 

The T-Sling is made of monofilament polypropylene warp knitted into composite mesh construction. The T-Sling is a sterile, single-use pubourethral sling for the treatment of stress urinary incontinence (SUI).

Indications for Use:

The T-Sling is intended to be used in females to position a mesh for the treatment of Genuine Stress Urinary Incontinence (SUI), mixed incontinence resulting from urethral hypermobility or intrinsic sphincter deficiency,

and vaginal vault prolapse.





Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

## FEB 3 2006

Ms. Marla Kengen Project Leader Caldera Medical, Inc. 28632 Roadside Drive, Suite 260 Agoura Hills, California 91301

Re: K050516

Trade/Device Name: T-Sling

Regulation Number: 21 CFR 878.3300

Regulation Name: Surgical mesh

Regulatory Class: II Product Code: FTM

Dated: November 28, 2005 Received: December 19, 2005

#### Dear Ms. Kengen:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set

forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0115. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address <a href="http://www.fda.gov/cdrh/industry/support/index.html">http://www.fda.gov/cdrh/industry/support/index.html</a>.

Sincerely yours,

January (Incompared Incompared Incomp

Mark N. Melkerson

**Acting Director** 

Division of General, Restorative and Neurological Devices

Office of Device Evaluation

Center for Devices and

Radiological Health

Enclosure

## Indications for Use Form

510(k) Number: <u>L050516</u>			
Device Name: T-Sling			
Indications For Use:			
treatment of Genuine Stress Ur	inary Incontinence	o position a polypropylene mesh for (SUI), mixed incontinence resulting from ency, and vaginal vault prolapse.	
NEEDED)		INE-CONTINUE ON ANOTHER PAGE	ſF
Concurrence of CDRH, Offic	e of Device Evalı	uation (ODE)	
Prescription Use (per 21 CFR 801.109)	OR	Over-The-Counter Use (Optional Format 1-2-96)	

(Division Sign-Ciff)
Division of General, Restorative, and Neurological Devices

510(k) Number K050516